

Atty Docket No. 021911-000600US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner Celine X. Qian
TELEPHONE NO.:

Group Art Unit 1636

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CERTIFICATION OF FACSIMILE TRANSMISSION

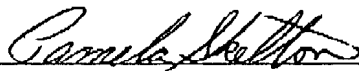
I hereby certify that the following document(s) in re Application of Claire E. Lewis, et al., Application No. 09/284,009, filed April 5, 1999 for MONONUCLEAR PHAGOCYTES IN THERAPEUTIC DRUG DELIVERY is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form, and
2. Response to Notice of Non-Compliant Amendment (37 C.F.R. §1.121)

Number of pages being transmitted, including this page: 8

Dated: April 8, 2004


Pamela Skelton

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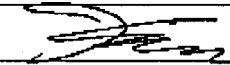
TOWNSEND and TOWNSEND and CREW LLP
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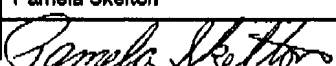
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PTO/SB/21 (08-03)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/284,009
		Filing Date	April 5, 1998
		First Named Inventor	Lewis, Claire E.
		Art Unit	1636
		Examiner Name	Cellina X. Qian
Total Number of Pages In This Submission	8	Attorney Docket Number	021911-000600US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Kawai Lau Reg. No. 44,461
Signature	
Date	April 8, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on April 8, 2004.	
Typed or printed name	Pamela Skelton
Signature	 Date April 8, 2004

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PATENT

Appl. No. 09/284,009

Supplemental Response under 37 C.F.R. § 1.111

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PATENT

Attorney Docket No.: 021911-000600US

Client Ref. No.: OBM15

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By: 
Pamela Skelton

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:Lewis, *et al.*

Application No.: 09/284,009

Filed: April 5, 1999

For: MONONUCLEAR PHAGOCYTES
IN THERAPEUTIC DRUG DELIVERY

Examiner: C. Qian

Art Unit: 1636

Response to Notice of Non-Compliant
Amendment (37 C.F.R. § 1.121)

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:


In reply to the Notice of Non-Compliant Amendment mailed 30 March 2004,
which set 30 April 2004 as the initial deadline for response. This Response is thus believed to be
timely filed and no fees are believed to be necessary.

Attached hereto is a copy of pages 2 through 5 (inclusive) of the Supplemental
Response filed 26 March 2004. The pages contain the entire "Amendments to the claims"
section and include a listing of all claims (claims 1-125). The text of all claims, except for those
that have been canceled, is included, and the claims are presented in ascending numerical order.

Applicants believe that this Response addresses all issues identified in the Notice
and that no fee is required. However, if a fee is required, the Commissioner is authorized to

deduct such fee from the undersigned's Deposit Account No. 20-1430, referencing 0211911000600. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,


Kawai Lau, Ph.D.
Reg. No. 44,461

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